

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037264

STATE FILE NUMBER

Registration District No. 316

Primary Registration District No. 3058

Registrar's No. 1040

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED SEP 24 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
1 0928				
2 0928				
3				
4 1				
5 1				
6				
7 0				
8 2				
9 332X				
10				
11				
12 1-0				
13 5-0				

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		c. CITY OR TOWN St. Charles	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS 1759 Harvester Rd.	
3. NAME OF DECEASED (Type or print) First Middle Last HELENE META MEINERSHAGEN		4. DATE OF DEATH September 16, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-8-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME Fred W. Freese		13b. MOTHER'S MAIDEN NAME Maria Kolkmeier	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Gustov Meinershagen	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis		12. CITIZEN OF WHAT COUNTRY U. S. A.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 9-9-63 to 9-15-63 and last saw her alive on 9-15-63		22c. DATE SIGNED 9-16-63	
22a. SIGNATURE Hane V. Lother (Degree or title)		22b. ADDRESS 114 N. Main St. St. Chas. Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-18-1963	23c. NAME OF CEMETERY OR CREMATORY Frieden's Cemetery	23d. LOCATION (City, town, or county) St. Charles Co., Missouri
24. FUNERAL DIRECTOR ADDRESS Arthur C. Baue, 620 Jefferson St., St. Charles, Mo.		25. DATE RECD. BY LOCAL REG. Sept 17-1963	
		26. REGISTRAR'S SIGNATURE Mabel Zimmwalt Deps	

USE BLACK INK

OR

TYPEWRITER RIBBON

SHOULD READ

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Conrad L. Pickering

Licensed Embalmer No. 5189

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.